TALENT CONSENT FORM
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I understand that, if used, these images will be employed to promote Indiana University and Science Outreach.

I give my consent to the conditions that have been stated above.

Date: __________________

Participant Name (print): ___________________________________

Participant Signature: ______________________________________

For children under the age of 18, a parent or guardian consent is required.

Date: __________________

Parent Name (print) _____________________________________

Parent’s Signature: ______________________________________

For Office Use Only:

Event Taken:          Date:

Activity:

Quote From Participant: